Application	or Docket	Number
Application	OI DOCKEL	RUHBE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CLAIMS A	S FILED -	PART I	l .		CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										
			(Column 1)		(Colu	(Column 2)		TYPE		OR	OR SMALL ENTIT						
TO	OTAL CLAIMS	j	23					RATE	FEE	7	RATE	FEE					
FC	OR		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00					
TC	OTAL CHARGE	ABLE CLAIMS	23mir	23minus 20= * (3		X\$ 9=	27	OR	X\$18=						
IN	DEPENDENT C	LAIMS	4 mi	inus 3 =	<u>*</u>	/		X43=	43	OR	X86=						
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				I	+145=		OR							
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	I	TOTAL	455	OR	TOTAL						
•	С	CLAIMS AS A	MENDEC) - PAR ⁷	ΓII			• •	_ررج]	OTHER	THAN					
		(Column 1)		(Colum	nn 2)	(Column 3)	·	SMALL	ENTITY	OR	SMALL E						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
AME	Independent	*	Minus	***	51 A114	=		X43=		OR	X86=						
	FIRST PRESE	ENTATION OF ML	JLIIPLE DEF	'ENDEN!	CLAIIvi			+145=		OR	+290=						
							L	TOTAL		┧┈╏	TOTAL						
		(Column 1)		(Colum	O)	(Column 3)	A	DDIT. FEE		Jon A	ADDIT. FEE						
		CLAIMS		HIGHE	ST		Г	····	ADDI-	1 [ADDI-					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE					
NDM	Total	*	Minus	**	•	=		X\$.9=		OR	X\$18=						
AME	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=						
ل	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			· 4 4E_		1 t	-000_						
							L	+145= TOTAL		OR	+290= TOTAL	•					
							Ϋ́Ι	DDIT. FEE		OR A	ADDIT. FEE						
_		(Column 1)		(Columi		(Column 3)											
ENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=						
AME	Independent		Minus	***		=		X43=		OR	X86=						
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		 	-		⁰⁵							
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						L	+145=		OR	+290=						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																	